

UNITED STATES BANKRUPTCY COURT
DISTRICT OF ARIZONA

In re
Santiago Rodríguez,
and
Melissa Ellen Rodríguez
Debtor(s)

Chapter 13


Case No. 2:11-bk-22620-FJH

Declaration of Evidence of Employers' Payments Within 60 Days

- ☐ Attached hereto are copies of all payment advices, pay stubs or other evidence of payment received by the debtor from any employer within 60 days prior to the filing of the petition;
- ☒ Debtor has received no payment advices, pay stubs or other evidence of payment from any employer within 60 days prior to the filing of the petition; or
- ☐ Debtor has received the following payments from employers within 60 days prior to the filing of the petition: \$_____.

Debtor declares the foregoing to be true and correct under penalty of perjury

Dated: 5-9-11


Signature of Debtor

If attaching pay stubs or other payment advices, it is your responsibility to redact (black out) any social security numbers, names of minor children, dates of birth or financial account numbers before attaching them to this document.

UNITED STATES BANKRUPTCY COURT
DISTRICT OF ARIZONA

In re
Santiago Rodriguez,
and
Melissa Ellen Rodriguez,
Debtor(s)

Chapter 13

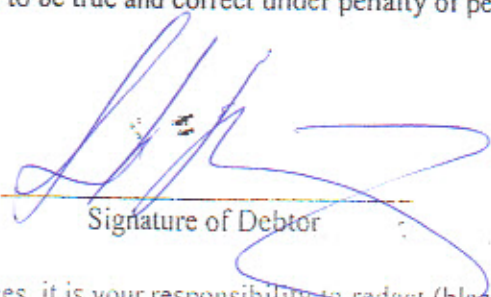
Case No. 2:11-bk-22620-RJH

Declaration of Evidence of Employers' Payments Within 60 Days

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- ☐ Debtor has received no payment advices, pay stubs or other evidence of payment from any employer within 60 days prior to the filing of the petition; or
- ☐ Debtor has received the following payments from employers within 60 days prior to the filing of the petition: \$_____.

Debtor declares the foregoing to be true and correct under penalty of perjury.

Dated: 5/9/11


Signature of Debtor

If attaching pay stubs or other payment advices, it is your responsibility to redact (black out) any social security numbers, names of minor children, dates of birth or financial account numbers before attaching them to this document.

RATE	DEPOSIT DATE	NET
41.0682	8/11/11	2355.88

CITY OF GOODYEAR
 190 N. Litchfield Road
 P.O. Box 5100
 Goodyear, AZ 85338

DIRECT DEPOSIT RECEIPT

EARNINGS		QUANTITY	CURRENT	DEDUCTIONS	CURRENT	YEAR TO DATE
REGULAR HOURS		80.00	3285.50	DENTAL EE/FAM PPO	18.79	273.
				ICMA-457 PLAN		2498.
				HEALTH EE/FAM HSA	85.85	343.
				HSA ELECTIVE AMOUN	115.39	1753.
				PUBLIC SAFETY RETI	284.20	4423.
				VISION FAM	7.56	112.
				HEALTH EE/FAM HSA		993.
				STATE WITHHOLDING	50.14	859.
Imputed income			12.00	FED WITHHOLDING	157.86	2773.
Gross			3285.50	MEDICARE	44.51	792.
				SOCIAL SECURITY	128.94	2295.
				100 CLUB	6.25	93.
				POLICE ASSOC DUES	20.00	300.
				SUP LIFE EE	7.50	120.
				Other Deductions	2.63	42.
ACCRUAL	EARNED	USED	BALANCE			
CMP			6.500	YTD GROSS	YTD W2 WAGES	YTD SS WAGES
FH			8.000	58049.53	47738.91	54660.17
SIC	3.700		603.430			54660.17
VAC	5.540		227.640			

DETACH AND RETAIN THIS STATEMENT

02



CITY OF GOODYEAR
 190 N. Litchfield Road
 P.O. Box 5100
 Goodyear, AZ 85338

**PAYROLL
FUND**

DIRECT DEPOSIT RECEIPT

DATE 8/11/11

ACCOUNT TYPE	AMOUNT
Checking:	**2,355.88

DEPOSIT THE SUM OF: **VOID *** VOID *** VOID *** VOID *** VOID *****

TO THE ORDER OF 001 21 30
 SANTIAGO RODRIGUEZ
 14534 W. MULBERRY DR.
 GOODYEAR, AZ 85395

NON NEGOTIABLE

RATE	DEPOSIT DATE	NET
41.0682	8/25/11	2358.57

CITY OF GOODYEAR
190 N. Litchfield Road
P.O. Box 5100
Goodyear, AZ 85338

DIRECT DEPOSIT RECEIPT

EARNINGS	QUANTITY	CURRENT	DEDUCTIONS	CURRENT	YEAR TO DATE
REGULAR HOURS	80.00	3285.50	DENTAL EE/FAM PPO	18.79	292.
			ICMA-457 PLAN		2498.
			HEALTH EE/FAM HSA	85.85	429.
			HSA ELECTIVE AMOUN	115.39	1869.
			PUBLIC SAFETY RETI	284.20	4707.
			VISION FAM	7.56	119.
			HEALTH EE/FAM HSA		993.
			STATE WITHHOLDING	49.93	909.
			FED WITHHOLDING	156.06	2929.
Gross		3285.50	MEDICARE	44.34	836.
			SOCIAL SECURITY	128.43	2424.
			100 CLUB	6.25	100.
			POLICE ASSOC DUES	20.00	320.
			SUP LIFE EE	7.50	127.
			Other Deductions	2.63	44.
ACCRUAL	EARNED	USED	BALANCE		
CMP			6.500		
FH			8.000		
SIC	3.700		607.130		
VAC	5.540		233.180		
			YTD GROSS	YTD W2 WAGES	YTD SS WAGES
			61335.03	50512.62	57718.08
					57718.08

DETACH AND RETAIN THIS STATEMENT

02



CITY OF GOODYEAR
190 N. Litchfield Road
P.O. Box 5100
Goodyear, AZ 85338

**PAYROLL
FUND**

DIRECT DEPOSIT RECEIPT

DATE 8/25/11

ACCOUNT TYPE	AMOUNT
Checking:	**2,358.57

DEPOSIT THE SUM OF: VOID *** VOID *** VOID *** VOID *** VOID ***

TO THE ORDER OF 001 21 30
SANTIAGO RODRIGUEZ
14534 W. MULBERRY DR.
GOODYEAR, AZ 85395

NON NEGOTIABLE

RATE	DEPOSIT DATE	NET
41.0682	7/28/11	2358.53

CITY OF GOODYEAR
190 N. Litchfield Road
P.O. Box 5100
Goodyear, AZ 85338

DIRECT DEPOSIT RECEIPT

EARNINGS		QUANTITY	CURRENT	DEDUCTIONS	CURRENT	YEAR TO DATE
REGULAR HOURS		30.00	1232.04	DENTAL EE/FAM PPO	18.79	254.97
VACATION-SALARY		50.00	2053.40	ICMA-457 PLAN		2498.03
				HEALTH EE/FAM HSA	85.85	257.55
				HSA ELECTIVE AMOUN	115.39	1638.37
				PUBLIC SAFETY RETI	284.19	4139.03
				VISION FAM	7.56	104.76
				HEALTH EE/FAM HSA		993.72
				STATE WITHHOLDING	49.93	809.19
				FED WITHHOLDING	156.05	2615.27
Gross			3285.44	MEDICARE	44.34	748.09
				SOCIAL SECURITY	128.43	2166.80
				100 CLUB	6.25	87.50
				POLICE ASSOC DUES	20.00	280.00
				SUP LIFE EE	7.50	112.50
				Other Deductions	2.63	39.45
ACCRUAL	EARNED	USED	BALANCE			
CMP			6.500			
FH			8.000			
SIC	3.700		599.730			
VAC	5.540	50.000	222.100			
				YTD GROSS	YTD W2 WAGES	YTD SS WAGES
				54764.03	44953.20	51590.26
						YTD MED WAGES
						51590.26

DETACH AND RETAIN THIS STATEMENT

02



CITY OF GOODYEAR
190 N. Litchfield Road
P.O. Box 5100
Goodyear, AZ 85338

**PAYROLL
FUND**

DIRECT DEPOSIT RECEIPT

DATE 7/28/11

ACCOUNT TYPE	AMOUNT
Checking:	**2,358.53

DEPOSIT THE SUM OF: **VOID *** VOID *** VOID *** VOID *** VOID *****

TO THE
ORDER OF 001 21 30
SANTIAGO RODRIGUEZ
14534 W. MULBERRY DR.
GOODYEAR, AZ 85395

NON NEGOTIABLE

CITY OF GOODYEAR

190 N. Litchfield Road
P.O. Box 5100
Goodyear, AZ 85338

DIRECT DEPOSIT RECEIPT

EARNINGS		QUANTITY	CURRENT	DEDUCTIONS	CURRENT	YEAR TO DATE
REGULAR HOURS		72.00	2956.95	DENTAL EE/FAM PPO	18.79	236.18
HOLIDAY EARN/USE FT		8.00	328.55	ICMA-457 PLAN	74.28	2498.03
				HEALTH EE/FAM HSA	85.85	171.70
				HSA ELECTIVE AMOUN	115.39	1522.98
				PUBLIC SAFETY RETI	284.20	3854.84
				VISION FAM	7.56	97.20
				HEALTH EE/FAM HSA		993.72
				STATE WITHHOLDING	48.81	750.15
Imputed income			12.00	FED WITHHOLDING	146.71	2459.22
Gross			3285.50	MEDICARE	44.51	696.41
				SOCIAL SECURITY	128.94	2017.12
				100 CLUB	6.25	81.25
				POLICE ASSOC DUES	20.00	260.00
				SUP LIFE EE	7.50	105.00
				Other Deductions	2.63	36.82
ACCRUAL	EARNED	USED	BALANCE			
CMP			6.500			
FH			8.000			
SIC	3.700		596.030			
VAC	5.540		250.560			
				YTD GROSS	YTD W2 WAGES	YTD SS WAGES
				50972.58	41673.53	48026.40
						48026.40

DETACH AND RETAIN THIS STATEMENT

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CITY OF GOODYEAR

190 N. Litchfield Road
P.O. Box 5100
Goodyear, AZ 85338

PAYROLL
FUND

DIRECT DEPOSIT RECEIPT

DATE 7/14/11

ACCOUNT TYPE	AMOUNT
Checking:	**2,294.08

DEPOSIT THE SUM OF: VOID *** VOID *** VOID *** VOID *** VOID ***

TO THE
ORDER OF

001 21 30
SANTIAGO RODRIGUEZ
14534 W. MULBERRY DR.
GOODYEAR, AZ 85395

NON NEGOTIABLE

RATE	DEPOSIT DATE	NET
40.0848	7/01/11	2178.48

CITY OF GOODYEAR
190 N. Litchfield Road
P.O. Box 5100
Goodyear, AZ 85338

DIRECT DEPOSIT RECEIPT

EARNINGS		QUANTITY	CURRENT	DEDUCTIONS	CURRENT	YEAR TO DATE
REGULAR HOURS		76.00	2843.75	DENTAL EE/FAM PPO	18.79	217.39
CALL OUT PAY		4.00	208.01	ICMA-457 PLAN	252.62	2423.75
STRAIGHT TIME OVERTI		5.00	181.05	HSA ELECTIVE AMOUN	115.39	1407.59
PREMIUM HOURS		1.00	19.68	PUBLIC SAFETY RETI	248.82	3570.64
				VISION FAM	7.56	89.64
				HEALTH EE/FAM HSA		993.72
				HEALTH EE/FAM HSA	85.85	85.85
				STATE WITHHOLDING	45.42	701.34
				FED WITHHOLDING	118.52	2312.51
Gross			3252.49	MEDICARE	43.86	651.90
				SOCIAL SECURITY	127.05	1888.18
				100 CLUB		75.00
				POLICE ASSOC DUES		240.00
				SUP LIFE EE	7.50	97.50
				Other Deductions	2.63	34.19
ACCRUAL	EARNED	USED	BALANCE			
CMP			6.500			
FH			8.000			
SIC	3.700		592.330			
VAC	5.540		245.020			
				YTD GROSS	YTD W2 WAGES	YTD SS WAGES
				47687.08	38962.10	44956.49
						YTD MED WAGES
						44956.49

DETACH AND RETAIN THIS STATEMENT

02



CITY OF GOODYEAR
190 N. Litchfield Road
P.O. Box 5100
Goodyear, AZ 85338

**PAYROLL
FUND**

DIRECT DEPOSIT RECEIPT

DATE 7/01/11

ACCOUNT TYPE	AMOUNT
Checking:	**2,178.48

DEPOSIT THE SUM OF: **VOID *** VOID *** VOID *** VOID *** VOID *****

TO THE
ORDER OF 001 21 10
SANTIAGO RODRIGUEZ
14534 W. MULBERRY DR.
GOODYEAR, AZ 85395

NON NEGOTIABLE